

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03942

Reg. Dist. No. 194

1. PLACE OF DEATH:

County HOWARD  
City or town RURAL - ELLICOTT CITY  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6 weeks  
Hospital, institution, or street address where death occurred:  
COLUMBIA PIKE AT ELIOAK  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MARYLAND County HOWARD  
City or town RURAL - ELLICOTT CITY  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. COLUMBIA PIKE AT ELIOAK  
(If rural, give LOCATION)

2.(a) if veteran, name war

3. (a) FULL NAME

JOHN WILLIAM CURTIS

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced WIDOWED

6.(b) Name of husband or wife CARRIE MOXLEY CURTIS

7. Birth date of deceased (mo., day, yr.) April 16, 1869 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 78 Months 11 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace STAFFORD CO., VIRGINIA  
(Town, county, and state)

10. Usual occupation RETIRED (FARMER)

11. Industry or business

12. Name UNKNOWN

13. Birthplace

14. Maiden name UNKNOWN

15. Birthplace

16. Informant HOWARD N. CURTIS

Address ELLICOTT CITY RFD

17. BURIAL Date thereof April 14, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory DARNESTOWN PRESBYTERIAN

Location DARNESTOWN, MD. CHURCH

18. Funeral director W. REUBEN PUMPHREY

Address BETHESDA, MD.

19. April 14 19 48 Marie G. Whitaker  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 19 48 at 7 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 19 48 to April 12 19 48  
and that I last saw him alive on April 12 19 48

Immediate cause of death

Acute cardiac failure DURATION 24 hrs

Due to chronic myocarditis 6 mos

Due to arteriosclerotic heart disease 6 mos

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Charles S. Whitaker, B.O. M. D. or other

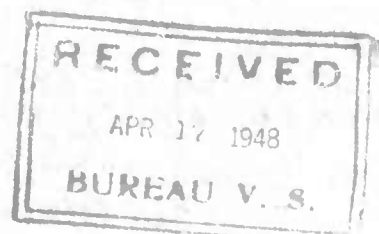
Address Clarks ville, Md. Date signed 4-12-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03943

Reg. Dist. No. /9/

## 1. PLACE OF DEATH:

County..... Howard  
 City or town..... Ellicott City  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland..... County..... Howard.....  
 City or town..... Ellicott City.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... College Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Walter Fissell (Walter S. Fissell)

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife..... Hattie T. nee Leonard

8. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) October 8, 1875

8. AGE: Years Months Days If less than one day  
72 6 4 ..... hrs. .... min.9. Birthplace..... Ellicott City, Howard co., Maryland  
(Town, county, and state)

10. Usual occupation..... Merchant

11. Industry or business

12. Name..... Ferdinand Fissell

13. Birthplace..... Unknown

14. Maiden name..... Elizabeth Shurdaimer

15. Birthplace..... Unknown

16. Informant..... Miss Leone Fissell

Address..... Ellicott City, Md.

17. Burial Date thereof..... April 14, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... St. Johns Cemetery

Location..... Ellicott City, Howard Co., Md.

18. Funeral director..... Charles E. Delosier

Address..... Ellicott City, Md.

19. April 13, 1948 John B. Longhans  
(Registrar) (Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 12, 1948, at 12<sup>40</sup> A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1948, to April 12, 1948, and that I last saw him alive on April 11, 1948.

Immediate cause of death..... Cerebral hemorrhage

DURATION

3 days

Due to..... Hypertension

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15 9-25-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 16 1948

BUREAU V. S.

ARTESIAN LEADER

RE-CONT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. **193**

## 1. PLACE OF DEATH:

County Howard  
 City or town Rural Mt. Airy  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard  
 City or town Watersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

J. Clarence Fleming

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Katherine Fleming  
 7. Birth date of deceased (mo., day, yr.) July 20, 1879 6.(c) If alive, give age 72 years  
 8. AGE: Years 68 Months 8 Days 19 If less than one day  
 hrs. min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1948 19 at 8:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 8, 1948 19 to 4/9/48 19  
 and that I last saw him alive on May 9, 1948 19

Immediate cause of death Coronary Thrombosis  
 DURATION 2 da

Due to

Due to

Other conditions Chr. Myocarditis 10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Stanley Grubbs M. D. or otherAddress Mt. Airy, Md. Date signed 4/10/48

9. Birthplace Howard Co. Maryland  
 (Town, county, and state)  
 10. Usual occupation Farmer  
 11. Industry or business  
 12. Name John J. Fleming  
 13. Birthplace Maryland  
 14. Maiden name Hannah Driver  
 15. Birthplace Maryland  
 16. Informant Mrs. Katherine Fleming  
 Address Mt. Airy, Md.  
 Burial 4-12-48  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
 Cemetery or crematory Morgan Chapel  
 Location Woodbine, Carroll Co. Md.  
 16. Funeral director C. M. Waltz  
 Address Winfield, Md.  
 19. 4/11/48 Registrar E. Paul Menis  
 (Date rec'd by registrar)

UNITED STATES DEPARTMENT OF JUSTICE

CENTRAL RECORDS SECTION

RECORDS SECTION

RECEIVED  
APR 13 1948  
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

03045  
195

## 1. PLACE OF DEATH:

County Howard  
 City or town near Laurel  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 43 years  
 Hospital, institution, or street address where death occurred:  
High Ridge  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard  
 City or town Laurel (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

George Washington Giddings

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Fellie Giddings  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) September 28, 1876  
 8. AGE: Years 71 Months 7 Days 0 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Howard Co., Md.  
 (Town, county, and state)  
 10. Usual occupation Retired fireman  
 11. Industry or business State Roads Commission  
 12. Name George W. Giddings  
 13. Birthplace Maryland  
 14. Maiden name Lekuna Griffith  
 15. Birthplace Howard Co., Md.

16. Informant Mrs. Fellie Giddings  
 Address High Ridge, Laurel, Md.  
 17. Burial Date thereof April 30, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Emmanuel Cemetery  
 Location Seagoville, Maryland  
 18. Funeral director W. W. Witt, Donaldson  
 Address Laurel, Maryland  
 19. 4/30/48 Manckshley  
 (Date rec'd by registrar) (Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4 28 1948 at 4 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 28 1948 and that I last saw him alive on 4 27 48 19\_\_\_\_  
 Immediate cause of death Coronary Thrombosis  
 DURATION \_\_\_\_\_  
 Due to Coronary Sclerosis  
 Due to Gen. Arteriosclerosis  
 Other conditions Diabetes  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. "VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE B. B. P. [Signature] M. D. or other \_\_\_\_\_  
 Address Laurel, Md. Date signed 4 29 48

RECEIVED

MAY 5 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 192

## 1. PLACE OF DEATH:

County HowardCity or town W. Chesley  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HowardCity or town Chesley  
(If outside city or town limits, write RURAL and give nearest town)Street No. Rover Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Blanche Virginia Hackett

## 3. (b) Social Security Number

4. Sex F. 5. Color or race col. 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Elijah Hackett7. Birth date of deceased (mo., day, yr.) June 29, 18828. AGE: Years 65 Months 9 Days 29 If less than one day hrs. min.9. Birthplace MD  
(Town, county, and state)10. Usual occupation House wife11. Industry or business at home12. Name Abraham Porter13. Birthplace MD14. Maiden name Harriett Smith15. Birthplace MD16. Informant Mr. Elijah HackettAddress Chesley, MD17. Burial Date thereof Apr. 20, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bushy Park CemeteryLocation Cooksville, MD18. Funeral director P. Harry WierAddress Sykesville, MD19. Apr 23 19 48 Wier & Helt  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 19 48 at 7:20 P. M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

April 21 19 48 to April 21 19 48and that I last saw him alive on April 21 19 48Immediate cause of death Cerebral hemorrhage DURATION 15 minDue to Hypertensioncardiovascular unknownDue to disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

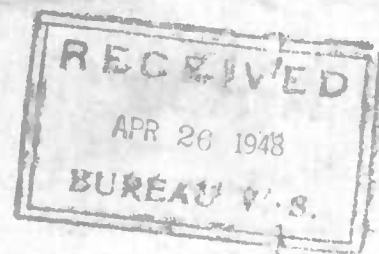
Means of injury DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY23. SIGNATURE Alpha M. Herbert Jr M. D. or otherAddress Chesley, MD Date signed 4-22-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03947

Reg. Dist. No. 195

## 1. PLACE OF DEATH:

County HowardCity or town Savage  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Savage  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Annie Elizabeth Cardelia Harris

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Charles Harris7. Birth date of deceased (mo., day, yr.) December 19, 1864

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 83 Months 3 Days 27 hrs. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Fredricks, Maryland  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business None12. Name Leonard Waskey13. Birthplace Maryland14. Maiden name Leticia B. Blessing15. Birthplace Maryland16. Informant Mrs. Esther ReedyAddress Savage, Maryland17. Burial Date thereof April 19, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Savage Cem.Location Savage, Maryland18. Funeral director W. W. DonaldsonAddress Savage, Maryland19. 4/18/48 Frank Shipley

(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 16<sup>th</sup> 1948 at 11:30 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1<sup>st</sup> 1948 to April 16<sup>th</sup> 1948and that I last saw him alive on April 16<sup>th</sup> 1948Immediate cause of death SemilityDue to Atherosclerosis, generalizedDue to fracture of femurOther conditions fracture of femur

(Include pregnancy within 3 months of death)

Major findings of operations ✓Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide acc. Date of 1/21/48Where did injury occur? Savage (City or town) nd (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Fall Injured at work? -23. SIGNATURE Frank Shipley, M.D.Address Savage, Md. Date signed 4/18/48

RECEIVED

APR 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03948

Reg. Dist. No. 192.

## 1. PLACE OF DEATH:

County HowardCity or town Lyskill  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HowardCity or town Lyskill  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Hannorah Hatfield

## 3.(b) Social Security Number

4. Sex

W

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Shower P. Hatfield

7. Birth date of deceased (mo., day, yr.)

Oct. 19, 1873

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

74526

hrs.

min.

9. Birthplace

Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

At Home

MOTHER

FATHER

12. Name

Schmidt Browning

13. Birthplace

Md.

14. Maiden name

Adriah Q. Thompson

15. Birthplace

Md.

16. Informant

Miss Louise Hatfield

Address

Lyskill, Md.

17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

April 17, 1948  
(month) (day) (year)

Cemetery or crematory

Springfield Cemetery

Location

Lyskill, Md.

18. Funeral director

C. Harry Zew

Address

Lyskill, Md.

19.

April 14, 1948  
(Date rec'd by registrar)Alice W. Hebb  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr. 141948, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 13, 1948to Apr 14, 1948

and that I last saw him

alive on

Apr 131948

Immediate cause of death

Coronary Thrombosis

DURATION

?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. A. Barnes, M.D.

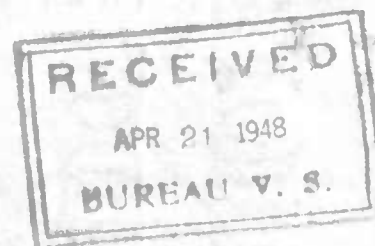
M. D. or other

Address

Lyskill, Md.

Date signed

4-15-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 194

## 1. PLACE OF DEATH:

County HowardCity or town Clarksville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 55 yrs

Hospital, institution, or street address where death occurred:

near Clarksville

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Clarksville  
(If outside city or town limits, write RURAL and give nearest town)Street No. near Clarksville  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

Margaret Hewitt Nichols

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife Thomas Luy NicholsDeceased7. Birth date of deceased (mo., day, yr.) August 24, 1873

## 8. AGE:

Years

74

Months

7

Days

8

If less than one day

hrs.

min.

## 9. Birthplace

Maryland  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

Richard Hewitt

## 12. Name

## 13. Birthplace

England

## 14. Maiden name

Julia Bowling

## 15. Birthplace

Ireland16. Informant Mrs Margaret LeasAddress Clarksville, Md.17. Burial Date thereof Sept 3, 1948

(Burial, cremation, or removal, Which?)

Cemetery or crematory St. Louis CemeteryLocation Clarksville, Md.18. Funeral director Caston SonsAddress Ellicott City, Md.19. Apr 2 19 48 Marie G. Whitaker

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st, 1948, at 12:30 P.M.I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 19 46 to April 1 19 48 and that I last saw her alive on March 31 19 48

Immediate cause of death

acute cardiac failure

DURATION,

5 mins

Due to

Coronary artery occlusion

DURATION,

5 mins

Due to

Other conditions hypertensive cardiovascular renal disease 15 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Charles S. Whitaker, M.D.

M. D. or other

Address Clarksville, Md Date signed 4-2-48



RECEIVED

APR 5 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH: Howard  
 County.....  
 City or town..... Mayfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 months  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 Maryland Howard  
 State..... County.....  
 City or town..... Mayfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rural -- Ellicott City  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME ALFRED N. PEUGH

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife.....  
 6. (c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) Feb'y 15, 1912  
 8. AGE: Years 36 Months 1 Days 24 If less than one day  
 .....hrs. ....min.

9. Birthplace Howard Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Carpenter

11. Industry or business  
 12. Name Uriah W. Peugh  
 13. Birthplace Maryland  
 14. Maiden name Lucy Warfield  
 15. Birthplace Maryland  
 16. Informant Mr. Uriah W. Peugh  
 Address Ellicott City, Md.

17. Burial Date thereof 4-13-48  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Jennings Chapel  
 Location Florence, Howard Co. Md.  
 C. M. Waltz  
 18. Funeral director Winfield, Md.  
 Address

19. April 13, 1948 Alice M. Hebert Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1948 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1948 to April 18 1948  
 and that I last saw him alive on at no time 1948

Immediate cause of death

Acute myocardial degeneration 2 hrs  
 Due to Acute alcoholism 1 day  
 Due to  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alpha N. Herbert M.D. DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other  
 Address Ellicott City, Md. Date signed 4-10-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 14 1948

~~BUREAU V. S.~~

~~RECEIVED~~

APR 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 190

## 1. PLACE OF DEATH:

County Howard  
 City or town Elkridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 yrs  
 Hospital, institution, or street address where death occurred:  
Dorsey Rd.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Howard  
 City or town Elkridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Dorsey Rd  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3.(a) FULL NAME

Alan Thurber Phelps

## 3.(b) Social Security Number

705-07-6454

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Olivia Phelps  
 6.(c) If alive, give age 78 years  
 7. Birth date of deceased (mo., day, yr.) Nov. 21 1988  
 8. AGE: Years 39 Months 5 Days 0 If less than one day  
hrs. min.

9. Birthplace Laurel Md  
 (Town, county, and state)  
 10. Usual occupation Welder  
 11. Industry or business B. & B. R.R.  
 12. Name Edwin S. Phelps  
 13. Birthplace un known  
 14. Maiden name Savella Savell  
 15. Birthplace un known

16. Informant Mrs. Olivia Phelps (wid)  
 Address Dorsey Rd, Elkridge 27 Md  
 17. Burial Date thereof April 24 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Meadowridge Mem. Park  
 Location Dorsey, Maryland  
 18. Funeral director Dr. Witt Wardslaw  
 Address Laurel, Maryland  
 19. April 22 1948 (Date rec'd by registrar)  
Miss B. Williams Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 21 1948 at 3:00 a.m.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 14 1948 to Apr 21 1948  
 and that I last saw him alive on Apr 15 1948  
 Immediate cause of death acute coronary occlusion DURATION 2 hrs  
Ch. myocarditis 10 yrs  
 Due to General Arterio 10 yrs  
Sclerosis  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of Injury Injured at work?

23. SIGNATURE B. B. Bumbach M. D. or other  
 Address Elkridge Md Date signed 4/21/48

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APR 26 1943

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

03952

### 1. PLACE OF DEATH:

County Howard  
City or town DERBY MD Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 weeks  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Baltimore  
City or town Relay  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1701 Ruby Ave  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Robert Howard Ring

### 3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Glenn Crane Ring

7. Birth date of deceased (mo., day, yr.) Aug 11, 1957 8. (c) If alive, give age Years

8. AGE: Years 90 Months 8 Days 11 It less than one day hrs. min.

9. Birthplace Relay MD  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Dennis Ring

13. Birthplace also land

14. Maiden name Elyia Caples

15. Birthplace ENGLAND

16. Informant Mrs J. Milton Carter

Address 5101 Maple Park Ave, Relay MD

17. BURIAL Date thereof (month) (day) (year) 7/26/48

Cemetery or crematory LEONARD PARK

Location BALTIMORE, MD.

18. Funeral director Wm & Tucker & Sons

Address BALTIMORE MD

19. 4/24 48 Alfredrick  
(Date and day of death) (month) (day) (year) (Name and title) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 22 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 17 1948 to Apr 22 1948 and that I last saw him alive on Apr 22 1948

Immediate cause of death Myocardial 2 wks

Due to Coronary artery disease

Due to General Arterio Sclerosis

Other conditions senility 10 yrs

(Include pregnancy within 8 months of death)

Major findings of operations: \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results: \_\_\_\_\_

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. B. Brumback M.D. or other \_\_\_\_\_

Address Elkridge MD Date signed 4/23/48

MARGIN RESERVED FOR BINDING

WS 445-123M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

03953

195

## 1. PLACE OF DEATH:

County... SanfordCity or town... Garage  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Indiana County... GrantCity or town... Law Bureau  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Harry Welch

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Eldora E. Welch

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) September 29, 18718. AGE: Years 76 Months 6 Days 26 If less than one day ..... hrs. .... min.9. Birthplace Law Bureau, Indiana  
(Town, county, and state)10. Usual occupation retired farmer11. Industry or business farm12. Name Andrew Andy Welch13. Birthplace Indiana14. Maiden name unknown15. Birthplace unknown16. Informant Rev. Lester K. WelchAddress Garage, Maryland17. Burial Date thereof April 28, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Law Massie CemeteryLocation Law Bureau, Indiana18. Funeral director Dr. W. T. SmallmanAddress Spurlock, Maryland19. 4/28/48 Registrar Frank Shipley  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 48 at 10 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 1948 to April 25 1948and that I last saw him alive on at no time 19

Immediate cause of death

DURATION

Suffocation10 minDue to hanging

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 4-25-48Where did injury occur? Garage, Indiana, Ind  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of Injury Hanging Injured at work? No23. SIGNATURE Alpha H. Herbert M.D.  
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or otherAddress Ellisville, Ind Date signed 4-25-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 5 1948

BUREAU V. S.